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UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. 82225P8208
		First Inventor Fay Chong, Jr., et al.
Title		METHODS AND SYSTEMS FOR DATA BACKUPS
(Only for new nonprovisional applications under 37 CFR 1.53(b))		Express Mail Label No. EV336583505US
		19270 U.S. PTO 10/748407 122903

APPLICATION ELEMENTS		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
See MPEP chapter 600 concerning utility patent application contents		
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i>		
2. <input type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i>		
3. <input checked="" type="checkbox"/> Specification <i>[Total Pages 48]</i> <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure 		
4. <input checked="" type="checkbox"/> Drawing(s) <i>(35 U.S.C. 113)</i> <i>[Total Sheets 33]</i>		
5. Oath or Declaration (signed) <i>[Total Pages 5]</i> <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <i>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</i> 		
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		
7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i>		
8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies 		
9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))		
10. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i>		
11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>		
12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations		
13. <input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> Application Amended to Reflect Claim of Priority		
14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>		
15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>		
16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). <i>Applicant must attach form PTO/SB/35 or its equivalent.</i>		
17. <input type="checkbox"/> Other: _____		

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

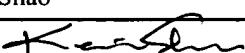
Continuation Divisional Continuation-in-part (CIP) of prior application No: _____

Prior application Information: Examiner _____ Group/Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number	08791		<input type="checkbox"/> Correspondence address below
or			
Name	Kevin G. Shao Blakely, Sokoloff, Taylor & Zafman LLP		
Address	12400 Wilshire Boulevard, 7th Floor		
City	Los Angeles	State	California
Country	USA	Telephone	(408) 720-8300
Zip Code			90025
Fax			(408) 720-8383

Name (Print/Type)	Kevin G. Shao	Registration No. (Attorney/Agent)	45,095
Signature			
	Date 12/29/03		

FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ 1,148.00)

<i>Complete if Known</i>	
Application Number	
Filing Date	
First Named Inventor	Fay Chong, Jr.
Examiner Name	
Group/Art Unit	
Attorney Docket No.	82225P8208

METHOD OF PAYMENT *(check all that apply)*

<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None
<input type="checkbox"/> Deposit Account				

Deposit Account Number	02-2666
Deposit Account Name	Blakely, Sokoloff, Taylor & Zafman LLP

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments

Charge any additional fee(s) required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity			Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	
1001	770	2001	385	Utility filing fee	770.00
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)				(\$)	770.00

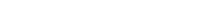
2. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	34	20^*	14 x 18.00	\$252.00
Independent Claims	4	3^*	1 x 86.00	\$86.00
Multiple Dependent				=

Large Entity	Small Entity			
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple Dependent claim, if not paid
1204	86	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over independent claims

***or number previously paid, if greater. For Reissues, see below.*

SUBMITTED BY

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Kevin G. Shao	Registration No. (Attorney/Agent)	45,095	Telephone
Signature			Date	12/29/03

Based on PTO/SB/17 (08-03) as modified by Blakely, Solokoff, Taylor & Zafman (wir) 08/11/2003.
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Complete (if applicable)

SUBTOTAL (3) **(\\$)** **40.00**

40.00